## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

	SERIAL NO.	$\overline{}$
1	1x/~/x 00 1	, [
ı	111340829	1

FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS F	ILED		TER NDMENT		FER ndment
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	-			<del>-                                    </del>		
3				<del></del>		
5			1			
6						
7						
8						
9	_					
10						
11						
12						
13 14				<u> </u>		
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25 26	-					
27						
28	1					
29						
30						
31						
32		-				
33						
34						
35						
36						
37						
38						
39						
40						_
41			<u> </u>		<u> </u>	
42						
43	-					
44						
45						
46					l	
48						-
49						
50				-		
TOTAL			1			
IND.		<b>+</b>	2	- ▼		▼
TOTAL		<u>_</u>	U			4
DEP.		<b>T</b>	7	7		
TOTAL			10			
CLAIMS			ــــــــــــــــــــــــــــــــــــــ			